



Bib Data Sheet



**UNITED STATES DEPARTMENT OF COMMERCE  
Patent and Trademark Office**

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Washington, D.C. 20231

SERIAL NUMBER 09/503,559	FILING DATE 02/11/2000 RULE	CLASS 512	GROUP ART UNIT 1614	ATTORNEY DOCKET NO. 1160.033US1
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**APPLICANTS**

Roland Valdes JR., Simpsonville, KY ;  
Hassan M A M Qazzaz, Louisville, KY ;

**\*\* CONTINUING DATA \*\*\*\*\***

*llc* THIS APPLN CLAIMS BENEFIT OF 60/119,921 02/12/1999

**\*\* FOREIGN APPLICATIONS \*\*\*\*\*****IF REQUIRED, FOREIGN FILING LICENSE GRANTED \*\* SMALL ENTITY \*\***

\*\* 04/06/2000

Foreign Priority claimed	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY KY	SHEETS DRAWING -	TOTAL CLAIMS 34	INDEPENDENT CLAIMS 4
35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after <i>Allowance</i>				
Verified and Acknowledged	<i>Walter Winkler llc</i> Examiner's Signature	Initials			

**ADDRESS**

21186

**TITLE**

Dihydroouabain-like factor and diagnostic &amp; therapeutic compositions and methods

FILING FEE RECEIVED 614	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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## UNITED STATES PATENT AND TRADEMARK OFFICE

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**\*BIBDATASHEET\***

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**CONFIRMATION NO. 6803**

SERIAL NUMBER 09/503,559	FILING OR 371(c) DATE 02/11/2000 RULE	CLASS 514	GROUP ART UNIT 1648	ATTORNEY DOCKET NO. 1160.033US1
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**APPLICANTS**

Roland Valdes JR., Simpsonville, KY;  
 Hassan M A M Qazzaz, Louisville, KY;

**\*\* CONTINUING DATA \*\*\*\*\***

This appln claims benefit of 60/119,921 02/12/1999

**\*\* FOREIGN APPLICATIONS \*\*\*\*\***

**IF REQUIRED, FOREIGN FILING LICENSE GRANTED\*\* SMALL ENTITY \*\***  
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Foreign Priority claimed	<input type="checkbox"/> yes <input type="checkbox"/> no	STATE OR COUNTRY KY	TOTAL CLAIMS 34	INDEPENDENT CLAIMS 4
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Verified and Acknowledged	Examiner's Signature _____ Initials _____			

**ADDRESS**

26191

**TITLE**

MAMMALIAN DIHYDROQUABAIN-LIKE FACTOR AND &amp; THERAPEUTIC COMPOSITIONS

<b>FILING FEE RECEIVED</b> 614	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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